



Department Of Insurance

P .O. Box 517
Frankfort, Kentucky 40602-0517
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<http://www.doi.state.ky.us/kentucky/docs.asp?Divid=2>

JANIE A. MILLER
COMMISSIONER

PAUL E. PATTON
GOVERNOR

I, the undersigned authorized representative of _____ (admitted insurer) in the Commonwealth of Kentucky agree to assume legal liability for scheduling of individuals for the Agent Licensing examination. I hereby acknowledge that I am responsible for the “no show” fees of \$50.00, pursuant to KRS 304.9-160(4), for any individuals who fail to appear for an examination which I have scheduled in their behalf.

(Authorized signature)

(FEIN)

(Printed Name)

(Date)

(Admitted insurer)

(Phone number)

Acknowledged before me by _____ on this _____ day
of _____, 20_____.

(Signature)

(Title)



An Equal Opportunity Employer M/F/D

